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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

5-8-05

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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Total Indep	15					
Total Depend	1					
Total Claims	16					

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						

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